

JPRS-TEP-93-002  
27 January 1993



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# ***JPRS Report***

# **Epidemiology**

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***AIDS***

# Epidemiology AIDS

JPRS-TEP-93-002

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27 January 1993

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## BOTSWANA

### HIV Carriers Estimated at 60,000

93WE0175A Gaborone BOTSWANA DAILY NEWS  
in English 16 Oct 92 p 5

[Article by Reginald Richardson: "Help Prevent AIDS - Botswana Urged"]

[Excerpt] The councillor for Tsamaya village in the North East District, Mr. Timon Mongwa, has urged Botswana to contribute to the security of their country by participating in AIDS prevention activities.

Mr. Mongwa said this at Zwenshambe on October 10, when officiating at an AIDS drama competition for all community junior secondary schools in the North East District.

He said the estimated cases of HIV carriers amounts to 60,000 people in Botswana, 2,638 of which have already been identified.

Mr. Mongwa called on the teenagers to be cautious not to contract this deadly disease, as they fall within the sexually active age group.

When speaking at the competition, the Senior District Medical Officer for North East, Mr. Vitalis Chifakacha, said that the competition was organized in order to evaluate whether the message they were conveying about AIDS was getting through to their target group (teenagers).

He said that teenagers were prone to contracting the disease because they were in the sexually active group which was on the high risk level.

He said the department saw it necessary to organize the competition, so that students could understand it better by conveying the message practically.

All the ten community secondary schools in the district entered the competition. [Passage omitted listing winners]

### Twenty-Two Percent Francistown Mothers HIV Positive

93WE0175B Gaborone BOTSWANA DAILY NEWS  
in English 20 Oct 92 p 5

[Article by Desmond Montshiwa: "Councillors Briefed About AIDS"]

[Text] Kweneng District Health officials on October 15, briefed councillors about the AIDS epidemic and asked for their participation in the anti-AIDS campaign.

District Medical officers, Dr. Tore Steen and Salim-Hahim Rajah challenged councillors in their function as community leaders to learn all they can about AIDS and its related implications.

The two officers urged every corner of development sectors in government and private sector to cooperate in the war against the incurable disease in Kweneng.

AIDS has no barriers, wipes out mainly the sexually active age group, they observed.

According to Dr. Steen, by 1997, about 20,000 people will be infected with HIV virus, with between 150 and 300 deaths occurring from AIDS disease.

"The situation is getting worse than most of you realize", he cautioned.

He said 22 percent of tested pregnant mothers in Francistown were HIV positive, which placed this northern town into the same appalling situation as hard hit countries of Uganda and others.

Dr. Rajah urged councillors as community leaders to practice what they preach and not allow AIDS into the bedroom or to their neighborhood if it already exists.

He said councillors should assist in spreading the AIDS health education drive, condom promotion, counselling of HIV-AIDS patients, home base care for AIDS patient, and further help strengthen the district coordinating committees.

Councillors in their comments vowed to work cooperatively with other sectors of the society, especially teachers in the AIDS campaign.

On October 14, the Kweneng District AIDS cooperating committee mounted a successful seminar at Mafenyatlala Hotel for representatives from various institutions.

## GHANA

### Clinical Management of AIDS Criticized

93WE0177A Accra PEOPLE'S DAILY GRAPHIC  
in English 6 Nov 92 p 1

[Article by George Sydney Abugri and Ibrahim Awal: "Clinical Management of AIDS Inadequate"]

[Text] Dr. Christopher Tetteh, Senior Medical Officer in the Upper West Region, has said whilst the National AIDS Control Programme has done well informing and educating the public on AIDS, the same cannot be said for its clinical management.

Dr. Tetteh said the clinical management of AIDS since the inception of the AIDS control programme in 1991 had been inadequate and tended to vary from doctor to doctor with a debate still raging on among doctors as to whether or not AIDS cases should be isolated.

The medical officer was addressing the opening session of an intensive four-day workshop for doctors and other senior health personnel from the Upper East and Upper West regions on the clinical management of AIDS at Wa on Tuesday.

The workshop was held under the guidance of resource personnel from the Ministry of Health and the National AIDS Control Programme Secretariat.

Dr. Tetteh said it was against the background of inadequate and varying methods of clinical management of AIDS that the workshop was held and stressed that clinical management of AIDS should begin with caring for individuals infected with HIV.

Apart from caring for individuals infected with HIV, an adequate programme for the clinical management of AIDS would also provide channels for preventing the spread of AIDS through counselling people with AIDS, their families as well as community groups on sexual behavior necessary to prevent the spread of the disease, he said.

Dr. Tetteh expressed some concern over the increase in the number of HIV infections and AIDS cases in the country and said in 1986, there were only 26 cases but this rose to a cumulative total of 3,947 reported cases of AIDS and 7,065 reported cases of HIV infection as of July 31, 1992.

Dr. Tetteh took the opportunity to call for an incorporation of the control of sexually transmitted diseases (STDs) into the AIDS control programme, saying people with STD were at greater risk of HIV infection.

He noted that although there were about 20 STDs and some of these have been reported at health institutions, Ministry of Health "form CD-One" which is completed and submitted monthly by district health offices of the Ministry of Health mentions only gonorrhoea and therefore, called for an inclusion of the other STDs on the form.

## SOUTH AFRICA

### COSATU States Aims of AIDS Program

MB0112131892 Johannesburg SAPA in English  
0739 GMT 1 Dec 92

[SAPA PR Wire Service issued by Jeanne Bestbier  
Public Relations Consultancy]

[Text]

### COSATU [Congress of South African Trade Unions] AIDS Programme

#### Aims of COSATU AIDS Programme

- To create awareness and eradicate ignorance around the issue of AIDS.
- To make workers aware that HIV/AIDS is not casually transmitted.
- To fight victimisation of workers with HIV/AIDS.

—To integrate AIDS issues into health and safety organisation and struggles.

### An AIDS Policy at the Workplace

#### The Need for an AIDS Policy

It is in the interests of all parties at the workplace to negotiate a clear, unambiguous policy on AIDS at the factory floor, which is easy to apply and clear to all workers at the factory. Such a policy must have as its primary aim the combatting of prejudice, fear and uncertainty concerning AIDS and the securing of an effective programme to assist the prevention of AIDS and to provide care for those employees with AIDS.

It should be implemented pro-actively (i.e. before any cases of industrial conflict begin to emerge around this issue).

AIDS should not be seen as a health issue isolated from other health problems at work, but must be integrated in a comprehensive programme that covers health and safety at work.

It is in the interests of the community at large that COSATU play an active role in the struggle to combat the spread of AIDS in South Africa, both at the workplace and in the community.

#### Discrimination at the Workplace

There can be no grounds for dismissal of workers simply on the basis of being infected with the AIDS virus. Fitness for ongoing employment should be assessed purely on the basis of the workers' state of health and they should be treated in the same manner as any other worker with a chronic terminal illness (such as cancer). Similarly, workers should not be transferred to another post simply because of having the AIDS virus unless there is a medical reason to do so or, it is the worker's own interests to do so.

Benefits to which a worker is entitled, such as pension, provident fund or medical scheme benefits should not be affected by them having the AIDS virus. Workers must exert control over the trustees of such schemes to ensure that workers with AIDS are not discriminated against by these schemes.

An AIDS policy at the workplace should apply equally to all categories of employees, whether they are weekly paid or monthly paid, manual labourers or managerial staff, male or female. This must be demonstrated in the practical application of the policy.

There is no reason for employees to discriminate against another employee who may have the AIDS virus. The AIDS virus is not spread by casual contact at the workplace. There is no risk to workers of getting AIDS from another worker who is infected with the AIDS virus during the normal course of work.



Only workers involved in first aid or health care require to take extra precautions. Where workers are motivated by fear or ignorance to act against another worker, adequate education and explanation must be made available to the workforce to prevent discrimination against an individual worker who may have the AIDS virus.

#### **Confidentiality**

Confidentiality around the knowledge whether a worker has the AIDS virus should be treated in the same manner as confidentiality around other illnesses, and should follow the same ethical norms. The information as to who has the AIDS virus is purely a matter for the patient concerned and his/her doctor. Should the patient with AIDS virus consent, then other health personnel may be informed because they will be responsible for the health of the person suffering from AIDS.

The worker who has the AIDS virus, is under no obligation to tell his/her employer. Similarly, the doctor of a patient with the AIDS virus is under no obligation to inform the worker's employer, and is ethically prohibited from doing so without the worker's consent.

#### **Testing for AIDS (HIV Testing)**

All testing for HIV should be voluntary. No worker should be forced to have an HIV test, whether for pre-employment screening or during the course of his/her employment.

Eligibility for a pension scheme should not be used to enforce pre-employment testing for HIV. The question of fitness for work should be judged separately from conditions attached to employment.

#### **Medical and Counselling Care for HIV Positive Workers**

Workers who are found to have the AIDS virus are entitled to adequate treatment for their health problems. They should have appropriate access to service both within and outside the workplace. Counselling should also be made available to the workers and their families. A worker with AIDS needs support at this tragic period in their life.

#### **AIDS Education**

Education is the only effective way to prevent the spread of AIDS and must be made the priority of AIDS programmes at the factory floor.

Workers should be allowed paid time off to receive appropriate AIDS education. Workers should themselves have control over the content, form and source of AIDS education at the workplace. AIDS education should be coupled with a programme of condom supply to those who want to use condoms. The state should be responsible for the supply of condoms free of charge and should act against the sale of condoms for a profit.

AIDS education should seriously address the stigma attached to the use of condoms, and should counteract the sensationalism created by misleading advertising in relation to condoms.

#### **Implementation of the AIDS Education Programmes**

The education programme must take place at the workplace, local, regional and national levels. The focus of the AIDS education programmes must explain what AIDS is, how one can get it, how one cannot get it, how it can be prevented, what the socio-economic implications are for workers and the fact that there is no cure. COSATU see the role of employers and the government as that of providing resources. The role of unions and other mass organisations must be to control the content and direction of the education around AIDS.

Workers who have the AIDS virus should not be subjected to discrimination in the community. The fact that a workers may have the AIDS virus should not be allowed to affect their social lives and support systems.

#### **Doctors Receive Guidelines on AIDS Patient Rights**

93WE0183A Durban *THE DAILY NEWS* in English  
8 Dec 92 p 8

[Article by Asha Singh]

[TEXT] The Medical Association of South Africa (MASA) has drawn up guidelines for doctors and health care workers on managing HIV and AIDS, and on the rights of AIDS patients.

This follows much controversy over the rights of AIDS patients and health workers dealing with HIV infected patients, which has been extensively debated.

Dr. Edoo Barker, chairman of MASA's science and education committee, said the recommendations were based on scientific fact, reasonable assumptions and medical, legal, social and ethical principles as a contribution to AIDS awareness campaigns.

Earlier this year, guidelines drawn up by the South African Medical and Dental Council (SAMDC), stated it was unethical for doctors who knew they had the AIDS virus to continue practicing without seeking and acting on specialist advice.

This statement was supported by MASA's guidelines, which also stated that a doctor who found he was HIV positive should seek counseling from an appropriate source.

An infected doctor can continue to practice after having sought and implemented advice on what extent to limit or adjust his professional practice to protect patients.

All doctors in the public service had to be informed of their right of being provided with facilities and equipment necessary for the implementation of precautions in all public hospitals.

MASA will liaise with the Department of national health and the various employers to clarify compensation and job security in the event of occupationally acquired HIV infection by a health care worker in their employ.

No doctor could ethically refuse to treat a patient because he was or could be HIV positive. Normal standards of treatment could not be withheld from a patient solely because he was HIV positive, unless the variation of treatment was in the patient's interest.

On the issue of whether the doctor had a right to know the HIV status of all his patients, Masa's stance was the only effective way of increasing the protection of health care workers against the risk of occupationally acquired HIV infection by applying internationally recognized and approved precautions in all clinical situations and by all institutions.

HIV testing should be undertaken only with free and informed consent and full pre-test counselling of the patient.

If the patient could not give consent—for example, if he was unconscious—proxy should be sought. If this was impossible, the doctor could decide what was best for the patient.

If the patient was unwilling to agree to an investigation necessary for an accurate diagnosis, the doctor was free to terminate the relationship.

If the patient was unwilling to agree to HIV testing, and an inoculation or accident had occurred in which infection was possible, the doctor could test the patient against his wishes, but with his knowledge.

## ZIMBABWE

### Four Cases of AIDS at Kaitano Clinic

93WE0100Z Harare THE HERALD in English  
21 Oct 92 p 1

[Article by Charles Kabera]

[Excerpts] [Passage omitted] To date, four cases of AIDS had been diagnosed at the Kaitano Clinic and the patients were referred to Mount Darwin Hospital. Several people with tuberculosis were also referred to the hospital. [Passage omitted]

### Sixty-Five AIDS Deaths in September

93WE0173C Harare THE HERALD in English  
17 Nov 92 p 6

[Article: "AIDS Kills 65 in September"]

[Text] AIDS claimed 65 lives in September, Bulawayo's director of health services, Dr. Barnett Nyathi, has reported.

In a report contained in the latest council minutes, Dr. Nyathi said 41 deaths were among males and 24 were females.

Twenty of the deaths were in children under the age of four, two in the 15 to 19 age group, 13 in the 20 to 29 age group and the 30 to 39 age group registered 12 deaths.

He said six of the dead were in the 40 to 49 age group and 12 deaths were recorded in people above 50 years.

The AIDS-related deaths, Dr. Nyathi said, were 15 percent of the total deaths recorded in September.



## CAMBODIA

### New Post To Deal With Community Complaints About UNTAC

BK0910101092 Hong Kong AFP in English 0902 GMT 9 Oct 92

[Text] Phnom Penh, Oct 9 (AFP)—The U.N. peace-keeping operation in Cambodia said Friday it would create a new position in response to a petition signed by 167 people protesting sexual harassment and misbehavior by U.N. troops.

The new community liaison officer will be appointed immediately, acting chief of the U.N. forces Behrooz Sadry said at a press conference held to present the petition to the United Nations.

"This is a problem we take very seriously," Sadry said. "We have been aware of a number of these problems ... but obviously with over 20,000 people coming from over 100 countries, we're not in a position to foresee every difficulty that would arise."

The new community liaison officer would investigate complaints about sexual harassment and socially unacceptable conduct, and report directly to the heads of the mission about the findings, Sadry said.

The petition was printed as an open letter to the United Nations in the local PHNOM PENH POST and was signed by 167 people, including male and female expatriates, Cambodians and U.N. personnel.

It recounted incidents of sexual harassment by U.N. personnel serving in Cambodia, pointed to high levels of sexually transmitted diseases among U.N. troops, and noted the lack of women at the top levels of the U.N. mission.

It said U.N. troops were engaging in "frontier behavior, that is, a kind of 'no-rules, anything-goes' attitude."

It called for the appointment of an ombudsman, as well as cultural and sex education for all members of the U.N. Transitional Authority in Cambodia (UNTAC), including increased distribution of condoms.

Forty-five people have been confirmed as carriers of the human immuno-deficiency virus (HIV) that causes AIDS in Cambodia, and 14 percent of prostitutes in a district frequented by U.N. soldiers have been found with the virus, according to the World Health Organization (WHO).

The WHO also found that HIV-positive rates reached 0.75 percent among voluntary blood donors at Phnom Penh's blood transfusion center, a rate comparable to that in neighboring Thailand.

"At the moment, Cambodian women are unsafe because they have to put up with UNTAC men or they wouldn't

have a job," said Theaney, a Cambodian UNTAC employee who has experienced sexual harassment at work.

"They make Cambodian women into very cheap objects," she said. "They feel themselves superior because they've got more money and more priority."

She said an African man in civil administration had repeatedly tried to kiss her in his office, a serious cultural faux pas in conservative Cambodia, where even engaged couples are not allowed to go out at night unchaperoned.

While Cambodian men are traditionally allowed to have more than one wife, a woman can be considered contaminated and thus ineligible for marriage by being seen alone with a foreign man.

"I pushed him very hard, and said 'I'm not that kind of person that you think I am,'" she said. "I said, 'Not me. I have my husband at home. I am Cambodian.' For us this is like adultery in your (Western) country."

Linda Hartke, a development worker who was among the drafters of the letter, said public support had been overwhelming, even within the UNTAC administration.

"Some, and I stress the word some, male UNTAC personnel are involved in acts of misconduct, especially towards women, on a daily basis," she said. "This should not be tolerated by Cambodians, by expatriates, and by the majority of UNTAC personnel who set a good example."

## INDONESIA

### Official Discloses Total Number of AIDS Carriers

BK0701101793 Jakarta Radio Republik Indonesia Network in Indonesian 1500 GMT 6 Jan 93

[Text] The number of persons inflicted by the HIV virus in the last three months stands at 13, bringing to 83 the total number of HIV virus carriers in this country. Speaking in Jakarta today, Gandung Hartono, director general of eradication of contagious disease of the Health Department, said the figures are not yet official because a laboratory examination is still needed to ensure more accurate results.

The director general said the increased number of AIDS carriers when compared to the earlier three-month period showed that the disease had spread quite fast. For this reason, he called on members of the public to remain vigilant and avoid a lifestyle conducive to AIDS infection.

## JAPAN

**Software Developer Involved in AIDS Scandal To Restructure***OW0312110892 Tokyo KYODO in English 1059 GMT 3 Dec 92*

[Text] Tokyo, Dec. 3 KYODO—A software developer embroiled in an AIDS vaccine scandal reported Thursday a sharp half-year loss and a streamlining plan, including work force and fixed-expense cutbacks.

Tokyo-based T.S.D. Co., listed on the over-the-counter market, made headlines earlier in the year on disclosure of its development of an AIDS vaccine. The company announced in August the vaccine had been clinically tested in Thailand, but retracted the statement in November.

The company reported an unconsolidated pretax loss of 887 million yen for the first fiscal half year ended September 30, following a 184 million profit a year ago. Sales dropped 17.8 percent from the previous year to 12.31 billion yen.

T.S.D. said it will embark on cost-cutting programs such as liquidating unprofitable operations, reducing its work force by about 400 employees to around 1,200, and cutting executives' salaries by 10 to 40 percent for six months from January.

Development of the AIDS vaccine will be continued, it said.

## SOUTH KOREA

**Ten Test HIV Positive in December***SK0101012593 Seoul THE KOREA TIMES in English 1 Jan 93 p 3*

[Text] Ten more Koreans were found to have tested positive for HIV in December bringing to 217 the number of those under special care for AIDS infection, the Ministry of Health and Social affairs reported Wednesday.

The ten persons newly affected were all men. Of them, one got the fatal virus through homosexuality and three—employees of entertainment concerns—through sexual contacts with Korean women. The source of contamination by the six remainders was yet to be determined.

The ministry said a Thai and a Nepalese, both staying in Korea beyond their visa periods, were found to have been AIDS victims and subsequently deported.

## MALAYSIA

**Minister Discloses Funds for Anti-AIDS Campaign***BK1101130493 Kuala Lumpur NEW STRAITS TIMES in English 10 Jan 93 p 8*

[Article by M. Sahibullah]

[Excerpts] Teluk Intan, Sat.—The Government has allocated about 24 million ringgit this year to step up its campaign against AIDS, especially among youths and children.

Deputy Health Minister Datuk Mohamed Farid Ariffin said this was essential as the majority of AIDS sufferers and HIV carriers in the country were between 16 and 30 years of age.

Of the 68 AIDS cases and 4,667 HIV carriers detected in the country up to last November, about 90 percent of AIDS cases and 98 percent of HIV carriers were from the age group.

He said the latest case involved a 16-year-old lorry attendant who was tested positive for HIV.

Although to date the ministry has only identified three AIDS cases and six HIV carriers among children, including two deaths involving infants who contacted AIDS during pregnancy, Farid said the number of cases was expected to increase if nothing was done about it.

"If we do not step up the campaign now or if the present trend is not checked, the number of HIV carriers in the country might increase tenfold or to 40,000 by 1995," he told reporters after launching the Hilir Perak AIDS/Dadah [drug] Exhibition at the town hall here today. [passage omitted]

On foreign workers, he said the ministry has so far detected two cases of AIDS and 163 HIV cases, most of whom are from Thailand. This excludes 76 foreign prostitutes, the majority of whom are from Thailand who have been tested positive for HIV.

However, he said that to date out of 31,344 foreigners who have sought treatment at government hospitals and clinics, only 19.3 percent of them, including 2,500 registered foreign workers have been found to be infected with diseases like malaria and tuberculosis.

He also warned foreign workers with permits but who had escaped going for medical tests earlier that they would be deported should medical tests on renewing their permits revealed that they suffered from diseases.

However, he said, the government would give due consideration to those who voluntarily inform the ministry about their illnesses before they are due for the tests.

## SINGAPORE

### AIDS Testing for Foreigners

93WE0150C Moscow KOMSOMOLSKAYA PRAVDA  
in Russian 1 Dec 92 p 1

[Text] All foreigners entering Singapore for work without a university diploma will henceforth be subjected to mandatory testing for human immunodeficiency virus, announced the public health minister of Singapore.

## THAILAND

### AIDS Victims' TB Infections

93WE0182A Bangkok BANGKOK POST in English  
13 Nov 92 p 6

[Article by Wasant Techawongtham in New Delhi: "Expert: Battle Against TB, AIDS Should Be Integrated"]

[Excerpts] [Passage omitted]

Speaking at the Second International Congress on AIDS in Asia and the Pacific held in New Delhi, India, Prof. Lars O. Kallings from Switzerland said the prevention and treatment of opportunistic infections play an important role in improving the quality of life and prolonging survival of people infected with HIV.

"Usually, opportunistic infections are the immediate cause of death, particularly tuberculosis in developing countries. It is also more feasible to treat tuberculosis in developing country's settings than to treat HIV with anti-retroviral drugs as drugs against tuberculosis are generally available," said Prof. Kallings, who is also an adviser on policy and scientific affairs of the Global Programme on AIDS of the World Health Organisation. [Passage omitted]

According to a Thai health official attending the conference, as high as 40 percent of the Thai population have been found to be infected with TB.

Consistent with the trend in the general population, studies done at various hospitals in Thailand found high incidence of TB among HIV-infected persons.

A Thai physician said a recent study at Bamrasnaradura Hospital found 27 percent of HIV patients suffering from the lung disease. A non-governmental organisation source said two studies done at a hospital in Bangkok and another in Chiang Mai found 70 percent of HIV-infected persons with TB.

Currently, most newborns are vaccinated against TB, the health official said. He added, however, that the vaccine is not a life-long protection, generally lasting from 10 to 18 years. Besides, follow-up vaccination is not universally done.

[Passage omitted]

### Worsening AIDS Situation in 1992 Noted

BK0701054393 Bangkok Radio Thailand Network  
in English 0000 GMT 7 Jan 93

[Text] Situation of AIDS in Thailand during 1992 has gone worse. Deputy Minister of Public Health Anek Thapsuwan says that in 1992, AIDS situation in Thailand has worsened. According to the report, there are 1,105 AIDS patients and 1,395 AIDS-related cases at the moment. It is estimated that the number of HIV-infected persons is about 300,000-500,000 [as heard]. The government has expressed its concern by allocating 317 million baht for the AIDS prevention and control for 1993.

According to the plan, the ministry will set up community-based relief centers for HIV-infected individuals both physically and orally [as heard]. Hospitals will also improve their services so that they are equipped to take care of AIDS patients. A budget of 87 million baht is allocated for medication, treatment of AIDS and AIDS-infected patients as well as for the acquisition of preventive equipment. Another 64 million baht will be given to research and development of AIDS vaccine with the support of the World Health Organization. The purchasing of 52 million condoms is also included in the budget.

### Number of AIDS Cases Among Slumdweller Rising

BK1001031893 Bangkok THE SUNDAY POST  
in English 10 Jan 93 p 3

[Text] ANTI-AIDS activists say there appears no way to reverse the worsening AIDS problem in slum areas and urge the Government to pay more attention to the issue before there is "no one left to govern".

Mrs. Prathip Ungsongtham-Hata, secretary-general of the Duang Prathip Foundation, and Mrs. Nittaya Pongpochuenbun, head of the AIDS Control and Prevention Project (AIDSCAP), say the number of slum-dwellers contracting HIV is increasing almost every week as confirmed by hospital reports. They say the number of HIV cases in the Klong Toei slum has risen from 100 to 300 in the past two years.

More women and children are being infected than before, when intravenous drug users were the main cases. The two activists say pregnant women are contracting the virus from their husbands. This shows that many men are not changing their attitudes towards sex and are failing to use condoms with prostitutes.

Mrs. Nittaya says the death rate among Klong Toei slum-dwellers is higher than before AIDS spread to the area. In 1992 alone, 19 people died compared with 15 in all during 1990 and 1991. Children are suffering most. Some contract the virus from their parents and some, after their parents die of AIDS, become a burden on other families. About 35 to 40 orphans live in the Klong

Toei slum as a result of the spread of AIDS and the number is likely to increase, she says.

Mrs. Prathip says she still does not know how to solve AIDS-related problems and is concerned about the situation in other slums where the living conditions are poorer than in Klong Toei. AIDSCAP is campaigning for women to protect themselves from AIDS by asking their husbands to use condoms and to stop visiting prostitutes.

As most HIV-infected people are of working age, Mrs. Prateep says the Government should be more serious in tackling the problem by supporting organisations campaigning against AIDS. The Government should not be so concerned about keeping power that it forgets to look at the AIDS problem as it may soon become the most important issue, she says.

## VIETNAM

### Decree Issued on Dealing With HIV-AIDS Infection

*BK0301140293 Hanoi Voice of Vietnam Network  
in Vietnamese 1100 GMT 26 Dec 93*

[Text] The government has just issued Decree 16 on combating and preventing HIV-AIDS infection. The

decree says that Vietnamese citizens and foreigners in Vietnam are obliged to comply with government laws on combating and preventing HIV-AIDS infection. The government encourages organizations, groups, and individuals to conduct research to discover medication and measures to prevent and fight HIV-AIDS infection.

The decree outlines some regulations on the discovery, management, and care of HIV-AIDS carriers; concrete regulations for HIV-AIDS carriers; and responsibilities of government organs and individuals in combating and preventing HIV-AIDS infection. It emphasizes the duties of the National Committee for Combating and Preventing AIDS; the Ministry of Public Health; the Ministry of Culture and Information; the Ministry of Commerce; the Ministry of Education and Training; the Ministry of Interior; the Ministry of Labor, War Invalids, and Social Welfare; and related groups to coordinate with mass organizations in providing education on fighting and preventing HIV-AIDS infection. They are to do this via the mass media; by preventing, limiting, and controlling prostitution and drug addiction; by providing guidance for combating and preventing HIV-AIDS infection; and by issuing regulations and checking on the implementation of regulations on dealing with HIV-AIDS infection.



## HUNGARY

### AIDS Statistics 'Very Favorable'

93CH0189A Budapest KOZTARSASAG in Hungarian  
27 Nov 92 p 17

[Unattributed article: "The Hungarian Situation Is Still Favorable"]

[Text] "Do not induce a prompt catastrophic atmosphere; there is no AIDS explosion in Hungary; we still belong to the lightly affected European countries." This fact was brought to my attention initially by Dr. Adam Vass, the AIDS expert of the Department of Welfare and president of the Hungarian AIDS committee. Even the director of the venereal and skin diseases hospital, Dr. Attila Horvath, confirmed that this is not merely official optimism. He indicated that the Hungarian AIDS situation is still very favorable, in spite of the fact that we have become Europe's main crossroad.

According to international experience, for every HIV-infected person that is discovered, there is an average of 10 unknown people who are exposed to the virus. In Hungary, as a consequence of the mandatory screening test, this ratio is more favorable. We know of 316 HIV-virus infected individuals so far, and out of these 110 actually have the disease. Based on laboratory tests, their immune systems are so damaged that they will easily contract diseases that normally represent no problem for the healthy part of the population. One characteristic typical of Hungary's domestic situation is that the majority of the declared AIDS victims originates from the already known HIV infected persons. As of now we know of only one or two cases where someone became ill outside this "circle." It is interesting to note that even the penitentiary institutions were screened and, out of 40,000 medical examinations performed, only two individuals proved to be HIV-positive. Although inside these institutions the population is far more endangered, this data clearly indicates that there is no serious problem present at the moment. It seems also obvious that in Hungary the ratio between disclosed and undisclosed who are infected with the virus is fewer than 10. If this were not true, we would have discovered among the individuals who have AIDS several people who had not been registered as HIV-infected.

Of course, certain aspects of the virus that have been publicized in international papers apply to Hungary as well: The HIV virus infects Hungarians exactly in the same way as it has been infecting 12 million HIV-positive people presently living all over the world.

During the past 10 years, international research has proven that the AIDS virus is present and traceable in certain human secretions, such as blood, semen, vaginal fluid, saliva, spinal marrow, and mother's milk. Nevertheless, hitherto the only proven way it can be contracted is through blood, semen, vaginal secretion and mother's milk. The most frequent way is through sexual relations, with blood transfusions and blood products

holding second place. Nowadays this type of contamination no longer occurs in the developed nations where all blood products are strictly controlled. (In Hungary, since 1986, there is an obligatory HIV screening for all blood collected or donated through transfusion.)

Naturally, among the intravenous drug users the expansion of the infection through the blood has not been stopped. Quite the contrary, it appears to be increasing the world over with the collective usage of hypodermic needles and syringes.

The third way for the expansion of AIDS is through the mother-child relationship, since the virus may be transmitted during pregnancy and even after birth during the breast-feeding period. This is an important problem in countries where the HIV-positive female population is high, such as in Africa. Worldwide, HIV-positive women are encouraged not to give birth. In Hungary one HIV-positive woman gave birth twice; however, the children were not infected.

In the African nations experts have suggested that the HIV-positive mothers should not stop breast feeding their babies, as this represents a lesser hazard than the babies starving to death. It is interesting to observe that it has been proven scientifically that the AIDS virus does not expand in the same manner as the rest of the infectious diseases; thus, neither by hand shaking nor by toys, eating utensils, working equipment, or mosquito bites is it possible to get infected. In spite of these proven facts, there are a great number of people who are reluctant to come into contact with exposed and/or infected individuals.

Very often, HIV-positive Hungarians or foreigners who moved to Hungary from other places are molested at their schools, day-care centers, or working places. We have no reason to be afraid of this kind of contraction of the disease, since protection against AIDS is a personal responsibility. The prevention possibilities have been well known for many years, namely: safe sex, cautious partner selection, and continuous use of contraceptives.

[Box, p 17]

### AIDS-Related Lawsuits

What can a person do if, while receiving medical treatment, he or she gets infected with the AIDS virus? This is not merely a poetic question, since several of these cases have actually occurred in Hungary during the first half of the 1980's. (Blood transfusions ceased being dangerous since blood samples are being screened for the HIV virus.)

The recovery of health (unfortunately?) is not dependent on whether somebody is directly responsible for having acquired the disease or became infected by accident. Nevertheless, the latter ones can count on diminishing their economic disadvantages. According to information received from the Department of Public Welfare, more

than 20 HIV-positive individuals have asked for indemnity from the Hungarian Government since they claim they acquired the disease in state-owned institutions.

Even though the department responsible for public affairs did not deny the validity of the claims, it should be noted that at the beginning they were not considering any possible settlement without court proceedings (i.e., lawsuits). This was not merely due to stubbornness, but, since they were in the presence of a truly new situation, there was not any possible comparison basis to calculate the amounts of compensation. However, after the first lawsuits were completed, the state became more interested in reaching an agreement and, for this reason, the point was reached where there are no court proceedings currently going on.

Based on current health regulations, with or without lawsuits, individuals who otherwise would not have gotten any indemnity have succeeded in receiving either a one-time compensation of between 2 and 5 million forints and/or monthly compensations of between 5,000 and 10,000 forints. The particular situation of each HIV-infected individual was taken into consideration, such as age (there are some children among the infected ones), in order to agree on a specific amount.

Although it has been less than two years since the first lawsuits began, presently not all of those seeking AIDS indemnification will be receiving any part of the forfeit compensation money.

Virus Expansion Data for Hungary

Year	HIV-Positive			Full-Blown AIDS			Dead		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
1985	1	—	1	—	—	—	—	—	—
1986	4	—	4	1	—	1	1	—	1
1987	112	7	119	7	1	8	4	1	5
1988	32	7	39	9	—	9	8	—	8
1989	31	2	33	14	—	14	11	—	11
1990	37	—	37	15	2	17	1	1	2
1991	50	5	55	29	1	30	15	2	17
1992 <sup>1</sup>	24	4	28	29	2	31	14	—	14

<sup>1</sup>Mid-year data.



## CUBA

### Health Education Project Approved by UNDP

FL0411225592 Havana Radio Reloj Network  
in Spanish 2033 GMT 4 Nov 92

[Text] A population and communications project was signed today at the UN Development Program [UNDP] offices in Havana. The project is geared toward supporting the National Health Education Center of the Public Health Ministry.

Joachim von Braunmuhl, the resident UNDP representative in Cuba, and Raul Taladrid, the vice president of the State Committee for Economic Cooperation [CECE], signed the document. This project is geared toward supporting an extensive electoral campaign [as heard] to increase the understanding of young people and teenagers of the ways and means to reduce the incidence of unwanted pregnancies, venereal diseases, and AIDS. Dr. Iselda Sanabria, the director of the National Health Education Center, and Dr. Alba Aguirre of the UNDP, briefed Cuban reporters extensively on the aims of this plan.

## DOMINICA

### National Committee Chairperson on AIDS Cases

FL0312132292 Bridgetown CANA in English  
1232 GMT 3 Dec 92

[Text] Roseau, Dominica Dec 3, CANA—A senior health official has warned that one out of every 300-400 persons in Dominica may be carrying the AIDS virus. Out of a population of 71,000, 71 persons have to date tested positive for the AIDS virus, according to chairperson of the National AIDS (Acquired Immune Deficiency Syndrome) Committee, Dr. Carissa Etienne.

"We must emphasize that this represents only a fraction of what the true picture is," Etienne said.

"In Dominica, for every 1,000 individuals, one has tested positive. And we believe that the true picture is that one in every 300 to 400 persons is already infected."

She revealed that in just a two-month period, 10 persons had tested positive with the Human Immuno-Deficiency Virus (HIV) that causes AIDS. Since 1987, 21 persons have died from AIDS here.

The National AIDS Committee chairperson and other health officials believe that the local situation gives cause for alarm, especially with the number of infected women and children on the increase. According to Etienne, measure have been put in place by the Health Ministry of ensure that every pint of blood is tested for the AIDS virus before any transfusion is allowed to take place.

## ALGERIA

**Update on Quality of Blood Supply, Testing**

93WE0168A Algiers EL WATAN in French  
2 Dec 92 p 25

[Unattributed article: "World's AIDS Day; Oran: Two Hemophiliacs Died"—first paragraph is EL WATAN introduction]

[Excerpt] The National AIDS Control Committee was set up in 1989; its main goal, in a first stage, was to achieve 100-percent checking of the blood supply.

It was a difficult task considering our country's limited means. Professor Hamadi of the Oran Blood Transfusion Center, who is also a member of the national committee, told us: "From 1988 to 1990, 20 to 30 percent of the blood supply was checked; the problem was the lack of information and the problem of reagent and adequate equipment availability. Thanks to the WHO, we received close to \$200,000, which enabled us to supply practically all blood-transfusion centers with reagents, Elisa test kits, etc.; we can now say that, in large cities, the blood supply is 100-percent checked."

We should point out that an Elisa test costs \$3, a Western Blot test \$93, and reagents about 600 French francs [Fr]; therefore, as can be imagined, generalized AIDS screening represents an investment that countries undergoing a severe economic and financial crisis cannot make on their own.

Available figures show a marked increase in the number of AIDS cases in Oran this year. As of 20 November, another 12 people had been infected with the virus. Still according to data from the transfusion center, seropositive individuals (who carry the AIDS virus but have not yet developed the disease) are usually people who have had contacts with foreign countries, either for medical reasons or through short-term or long-term stays. Of the Oran hemophiliacs (about 10 in all) contaminated in France, two have died so far. For them, the best is to contact the Hemophiliacs Association and the National Committee (Ministry of Health) in order to start class-action suits and thus obtain damages.

Nevertheless, until a vaccine is discovered prevention will remain the best treatment. Seropositive individuals must become aware of their condition (the disease develops only five to 10 years after contamination); what is needed above all is information and education, as AIDS victims are often younger people (usually under 40). Prevention, however, is considerably hindered by the fact that sexuality is taboo in our society. [passage omitted]

**Over 50,000 AIDS Cases Expected by 2000**

93WE0172A Algiers LIBERTE in French 2 Dec 92 p 5

[Text] Since 1986, when the first cases were discovered [in Algeria], 121 full-blown AIDS cases have already been recorded.

About 2 million cases of AIDS have been recorded throughout the world since the beginning of the pandemic which, by the year 2000, will reach alarming proportions. The WHO is predicting that there will be 12 to 18 million cases of AIDS throughout the world.

What is the situation in Algeria where, since 1986, the year when the disease was first discovered, 21 full-blown AIDS cases have been recorded?

Since 1987, in Oran alone, 71 HIV positive cases have been identified, 55 of which were serum positive and 16 of which were full-blown AIDS cases.

In view of the figures made public, the number of those suffering from AIDS is doubling almost every year in Algeria, which is going to raise their number to more than 50,000 by the year 2000.

To minimize the risk run, "early warning" centers have been established in Algeria, as in other countries, to carry out a confidential follow up of these cases, providing information on the evolution of the HIV infection.

In the fight against this scourge the Ministry of Health and Population has not stinted on providing the necessary resources. Throughout the country it has established 107 centers for identifying cases of HIV infection, hepatitis B, and syphilis among blood donors. This has required a considerable effort. Examinations of blood donors for these diseases have been required since 7 December 1991.

Nevertheless, the operation of certain blood transfusion centers has been hampered by shortages of the necessary reagents as a result of the economic difficulties experienced by the country.

However, action has recently been taken to deal with this situation. In addition to transmission of HIV infection through sexual relations and blood transfusions Professor Bouguermouh has warned that there is a risk that infections of this kind may be incurred during medical treatment if preventive measures are not adopted.

In any case, he indicated, a system providing for the medical, psychological, and social care of persons affected with AIDS is being steadily established. This provision of care is based on the fact that the number of AIDS cases will inevitably increase during the next few years. (The majority of the persons who will develop clinical cases of AIDS are already infected.) Centers located in the large cities will take care of clinical AIDS cases and persons who are HIV infected.

To provide a check and an indication of how the situation is developing, the Blood Transfusion Center

(CTS) of the University Hospital Center (CHU) in Oran, which has a laboratory for identifying AIDS, analyzes all contributions of blood and will handle requests for blood analyses from the various health services in Oran and provinces in the area, as well as those from private physicians.

In 1992 the CTS in Oran has carried out 5,300 tests on its own and 1,300 others referred to it from external sources. According to Doctor Hamadi, it has succeeded in identifying 31 HIV positive cases. Still in the Province of Oran, out of 74 hemophiliacs registered, 10 were affected by AIDS, and three children died of the disease in 1990.

He indicated that these persons were contaminated by the "VIII factor," a product essential to stop hemorrhaging, both internal as well as external, to which these hemophiliacs were exposed.

In view of this bitter fact, in the future all doctors, and not only specialists, will have to be prepared to treat persons infected with HIV or suffering from AIDS and to make the necessary, medical decisions in a timely way, based on analyses prepared by laboratories available at the regional level.

Algeria is equally concerned by the continuous increase throughout the world of the number of women infected by HIV and AIDS. A center to care for pregnant women infected with HIV has been set up.

According to Professor Bouguermouh, this phenomenon reflects the increase in cases of heterosexual transmission. To prevent this kind of transmission in a country where the average age of husbands is 27, a sex information program is considered the most appropriate action to take.

## EGYPT

### Minister: 180 Egyptians Have AIDS, 160 Foreigners Deported

NC1401143093 Cairo AL-WAFD in Arabic 11 Jan 93  
p 2

[Excerpt] Health Minister Dr. Muhammad Raghib Duwaydar has denied reports of an AIDS outbreak in Egypt. He said only 180 Egyptians and 160 foreigners are infected. The foreigners have been deported. Duwaydar said that blood used in Egypt is safe, explaining that imported blood derivatives are used only after clearance from Health Ministry laboratories. He said the hepatitis vaccine is safe because it is mixed with chemical, not microbic, material.

[passage omitted]

## IRAN

### Health Minister Speaks at AIDS Seminar

93AS0327X Tehran ABRAR in Persian 2 Dec 92  
pp 1, 10

[Text] The minister of health treatment and medical education said yesterday: The chapter on AIDS often is not put in medical science books and goes unread.

Dr. Reza Malekzadeh, who was speaking at the three-day seminar on retraining for AIDS that is held simultaneously with the World AIDS Day in Tehran added: The lack of awareness of some physicians makes the recognition of AIDS in the society longer, and hence physicians and others in this profession must become familiar with the symptoms of this disease and teach them to the medical science students as well.

Emphasizing that AIDS today has had more casualties than World War I and World War II, not only because it is deadly, but that it causes great problems socially for the patients, the minister of health said: Today only 10 percent of those suffering from AIDS are homosexuals and corrupt individuals, and the remaining 90 percent are people who have acquired it due to lack of preventative information.

He added: At the present time, 12 million people in the world have the AIDS virus and 500,000 are suffering from this disease.

Dr. Malekzadeh said: Every day, 5,000 Iranian passengers travel to parts of the world that are infected by AIDS. It is necessary for the airlines officials, with the cooperation of the Ministry of Health, to provide them with the necessary information and alert them about this deadly disease.

The minister of health, by stating that at the present some of the African countries allocate 80 percent of their health and treatment budget to fighting AIDS, referred to the spread of AIDS and said: In Iran, this disease was observed for the first time in a child as a result of the use of blood byproducts. He added that the period of this disease in adults is eight to 10 years and in children two to three years.

Considering the sensitivity of the subject, he asked the airlines, the Voice and Vision, the Ministries of Culture and Islamic Guidance and Education, and the press to help the health officials of the country to fight AIDS with public education.

In conclusion, Dr. Malekzadeh said: Our country is a very young country, and 26 million of the population are under 15 years old and are vulnerable to AIDS.

He added: Hence, educating these individuals and making them aware of the danger and ways to prevent this disease must be a priority in the health steps of the concerned policy makers in the country.

According to our correspondent, before the speech of this minister of health, Dr. Namaki, the educational deputy of this ministry, while presenting statistics on AIDS in the world and in Iran, said:

Following the establishment of the National Committee on Fighting AIDS, recently the society to support AIDS patients has been established in Iran.

Emphasizing that at the present this disease is not a problem in the country but not being informed about it can cause numerous problems for the country, he asked all related organizations to cooperate with the Ministry of Health in this regard.

#### **Minister on Death of 40 AIDS-Infected**

93AS0342C London KEYHAN in Persian 17 Dec 92 p 2

[Text] To mark International AIDS Day, Dr. Malekzadeh, minister of health, health care and medical education, announced in Tehran: Of the 211 people afflicted with AIDS or carrying the AIDS virus in Iran, 40 have died so far.

Dr. Malekzadeh said: Of these people, 161 caught the disease by using the blood of others. Two children were born to mothers carrying the AIDS virus, and four addicts got AIDS by making injections using contaminated needles. Dr. Malekzadeh said that the cause of the disease's transmission to the other patients is unknown.

Several months ago an official from the Blood Transfusion Organization, which today supervises tests for the AIDS virus, announced that there are close to 600 people infected with AIDS, and said that more than 200 of those carrying the AIDS virus were infected through sexual contact. One of the professors at Shiraz University Medical College also said to KEYHAN outside Iran: During the war with Iraq a large number of wounded people were infected with AIDS by receiving contaminated blood.

### **MOROCCO**

#### **Midwives Instruct Prisoners in STD, AIDS**

93WE0170C Rabat L'OPINION in French  
6 Dec 92 pp 1, 3

[Article by Dr. Mohammed A. Cherkaoui: "Behind Bars: Midwives in Jail; Laws Unchanged Since 1960"]

[Text] "Educating female inmates." This is the challenge just issued by the Moroccan Midwives Association, their way to celebrate World's AIDS Day.

Putting aside their white coats, obstetric stethoscopes, and vacuum extractors, and after making sure that some of their colleagues would remain on duty at all times in labor rooms (where expectant mothers wait for delivery) and maternity wards, on 2 to 3 December 1992 midwives headed for the Sale detention center and the Ouakacha penitentiary in Casablanca in order to educate

female inmates. The Moroccan midwives' courageous and commendable initiative is of paramount importance inasmuch as the inmates will be given texts written in Arabic vernacular (those who can read will explain them to the others) and dealing with syphilis, gonorrhea, leukorrhea, chancroid, and AIDS.

This meeting of midwives and inmates also takes on a scientific epidemiologic character, as inmates will be given a questionnaire designed to assess their knowledge, attitudes, and practices with respect to sexually transmissible diseases (STD) including AIDS.

Midwives are full-fledged health professionals whose status is governed by six texts, including two royal decrees and one vizierial and three ministerial orders.

Yet, the time has come to take a close look at the texts regulating this profession, as even the most recent (dating back to 1960) are now obsolete.

It is also urgent to consider midwives attributions; they should be more clearly defined and restricted by comparison with the attributions of gynecologists, obstetricians, and obstetric nurses.

In conclusion, as an indication, we shall mention that WHO standards recommend a proportion of one midwife for 250 births, and while France has one midwife for 78 births, Algeria has only one for 800 births.

As for Morocco, it beats all records of inadequacy: one midwife for 5,000 births, i.e., roughly one midwife for 40,000 women of childbearing age.

### **PAKISTAN**

#### **New AIDS Cases Said Rapidly Being Discovered**

93WE0198A Islamabad THE MUSLIM in English  
16 Dec 92 p 3

[Text] Islamabad, Dec 15—Although AIDS is spreading fast there is no need to feel depressed as Islamic values have given us the guidelines to follow. It is easy to appeal to the good sense of our people through the message of the Holy Quran and saying of the Holy Prophet (PBUH). These were the views of Dr. Ayub Ghayyur, the Executive Director of Pakistan Institute of Medical Sciences, in his address here on Tuesday at the concluding ceremony of the seminar AIDS awareness.

Dr. Ayub Ghayyur said that AIDS is on the rise in Pakistan and it is imperative to tackle it from the front. He said it should be handled before it is too late. He revealed that the latest reports indicate that there are 25 cases of AIDS reported every hundred days. He cautioned that if people did not learn to fight the deadly virus it would spread more rapidly.

Addressing the seminar, the Health Minister Syed Tasneem Nawaz Gardezi said the government is doing

everything possible to stop the spread of the disease in the country. He said the government has taken various measures in this regard.

These include the establishment of 16 new screening centres. In these centres 14 cases of AIDS and 100 cases of HIV were detected. These centres have been established in Lahore, Karachi, Peshawar, Quetta, Hyderabad, Larkana and Muzaffarabad.

They also include launching of National AIDS Prevention Programme and a collaborating centre in Pakistan for the EMRO countries by the WHO. Around 1,000 medical professionals have been trained for laboratory

diagnosis. National AIDS Programme has been successful to disseminate AIDS information to the masses with the help of mass media.

The three-day seminar ended with some recommendations for the authorities to implement. The recommendations stress that all efforts should be mobilised to create awareness of AIDS in the country. They said that blood transfusion should be made more scientific as 75 percent of blood for patients come from professional donors who might carry the virus. The recommendations say that proper monitoring of blood in hospitals is very important.



**Belarus Health Minister Interview**

93WE0190Z Minsk ZDRAVOOKHRANENIYE  
 BELORUSSII in Russian No 1, Jan 92 pp 4-7

[Interview with Belarus Republic Minister of Health Vasilii Stepanovich Kazakov by correspondent Roman Shevko; date and place not given: "People First"]

[Excerpt] [Passage omitted]

**Shevko:** People are getting more and more frightened about the spread of the "plague of the 20th century"—AIDS. Specialists predict that in just 3 years the number of persons infected with AIDS in Belarus will exceed 10,000. And by the year 2000, there could be 140,000-160,000 such people. What does the ministry intend to do in order to prevent this lethal illness more effectively?

**Kazakov:** This is a matter not only for public health organs but for all society as well. Only in this way can we be successful. The main thing is to elevate the population's general culture.

As far as the role of medical institutions is concerned, timely detection of HIV infection in the so-called risk group is most important. We will continue expanding the network of HIV diagnosis laboratories, and we plan to build a republic AIDS control center. It will include a polyclinic, a hospital and a boarding hotel for temporary residents of HIV carriers.

We have a very great need for constant, unintrusive but at the same time effective public health propaganda, and for raising the competency of medical workers when it comes to diagnosing HIV carriers and AIDS patients.

We already have oblast AIDS control centers and a republic center. However, their material base is still unsatisfactory. [Passage omitted]

Copyright: "Zdravookhraneniye Belorussii", 1992

**Survey of Population's Knowledge of AIDS Facts**

93WE0145F Kazan SOVETSKAYA TATARIYA  
 in Russian 2 Jun 92 p 3

[Article by L. Biochinskaya, public health education physician of the Republic Center for AIDS Prevention and Control: "Precautionary Tactics: Doctors Against AIDS"]

[Excerpts] A survey in which 1,576 people were interviewed was conducted in order to study the population's awareness of the problems of controlling the spread of HIV infection. Analysis of the responses shows that most people are informed about the pathways by which AIDS spreads and the means of its prevention. However, this information is often incomplete, not entirely accurate, and simply contradictory. For example a significant proportion of the respondents do not know that infecting a partner is a criminal offense, and significant numbers of respondents did not change their sexual behavior even in cases where it presented a clear threat to health. A

large number of the respondents did not know that casual contacts with HIV carriers are not dangerous. Therefore I believe that there is a need for once again recalling the basic features of the virus's behavior in the context of different situations. [passage omitted]

[Translator's note: The article goes on to discuss the practical impossibility of HIV infection through casual contact, particularly through handshakes and hugging, utensils, household objects, bedding, underwear, money, food and children's toys and writing implements, in public gatherings, by telephone, public toilets, hair salons, hotel rooms, swimming pools or saunas, through contact sports, mosquitoes and other insects, and through blood transfusions when disposable instruments are used and donors undergo HIV testing.]

Not all of the respondents were aware that a person who becomes infected with AIDS can be unaware of this for a long time, and that you can't protect yourself from HIV infection by immunizations. Thus, protection against a disease that can be transmitted only by sexual means, through medical instruments and through intrauterine contact between a mother and her future child reduces to observing rather simple and well known precautions. The effectiveness of such protection depends on each citizen's personal competency and responsibility.

In 1991 our country adopted the law "On Prevention of AIDS Infection," which established the procedure for certifying detection of AIDS infection and the liability of a person who creates the danger of infection when he is aware that it exists, and liability for transmission itself of the virus. Such actions are punishable by imprisonment for a term of from 5 to 8 years.

**Uzbek AIDS Center**

93WE0145E Tashkent MOLODEZH UZBEKISTANA  
 in Russian 6 Jun 92 p 2

[Article: "The Republic's 94 Shields"]

[Text] **First of all, may God grant health to all of you, and to your children and parents, and everyone around you.**

Now a brief explanation of the photograph [photograph not reproduced]. This is the Republic Center for AIDS Prevention and Control, where patients are diagnosed, revealed and subjected to clinical treatment. In the words of the center's chief physician, Ya. Yakubov, the center's specialists, 20 of whom are highly qualified physicians, coordinate the work of 13 such centers and 81 laboratories in the republic's oblasts and rayons. In addition blood may be provided for anonymous testing in more than 100 confidential offices, where medical consultation can also be obtained. The center is equipped with modern diagnostic apparatus and a personal computer, and many hundreds of blood samples are tested here daily.



In Uzbekistan, seven infected citizens of the republic have been registered. The virus has also been detected in 16 foreign citizens who came to Tashkent to study.

We will maintain our faith in the strength of our shields.

#### **Twenty-One HIV Cases Registered in Estonia**

93WE0054A Riga THE BALTIC OBSERVER  
in English 27 Aug-2 Sep 92 p 9

[Text] As of this month, 21 people have been diagnosed with the HIV virus in Estonia, according to Estonian Ministry of Health counselor Jaan Martin. None have shown symptoms of AIDS, and thus no AIDS patients have been registered in the country.

According to Martin, the first HIV-positive person was registered in Estonia four years ago, in 1988. Three more have been diagnosed so far this year.

Of the 21 carriers, only two are women and none have been isolated. Clinical examinations have shown that their condition has not deteriorated, according to Martin.

#### **Professor Claims AIDS Fears Exaggerated**

93WE0054B Moscow MOSCOW NEWS in English  
No 35, 30 Aug-6 Sep 92 p 13

[Article by Sergei Romyantsev: "AIDS: Fears Are Exaggerated"]

[Text] Like everywhere in the world, the last ten years have seen the publication in our country of many articles warning people of the impending threat of mass diseases caused by the AIDS virus. According to forecasts, there was expected about one million infected patients in the ex-Soviet Union by 1991. This ominous forecast gave rise to a network of special institutions whose task was to prevent the spread of the "20th century plague." The Academy of Medical Sciences declared this problem to be crucial and a new item of many millions of roubles appeared in the public health budget.

What was the actual scope of the disaster? Although 50 million people have been examined for AIDS, but only 627 had AIDS virus antibodies (for comparison: among the urban population of Kenya antibodies were found among 50% of examined patients). Over 5 million people were examined in Murmansk, Arkhangelsk, Vologda, Pskov and Novgorod, with spending for this over 14 million roubles. Only 14 people had antibodies.

In official reports and newspaper items these persons are mentioned as "infected," that is carriers of the virus, which is not quite right. In fact the presence of antibodies in an organism only shows that it has possibly "met" with this virus. But whether or not there is a virus in his or her body cannot be stated with absolute certainty.

There were about 70 AIDS patients, including 40 dead, in the CIS countries by the middle of 1992. In St. Petersburg, with its population of five million, AIDS caused death to three patients, whereas oncological diseases proved lethal for 300,000 people. The situation is almost the same in East European countries. The cases of AIDS registered in China and Japan are still fewer. So, the problem of the AIDS epidemic was highly exaggerated for many countries. At the same time, AIDS was a very serious problem for the aboriginals of Central Africa, for a part of those residing in North and Latin America, especially the USA where the number of the infected and dead runs into the tens of thousands. Is this situation typical for this disease only? Not at all. We can trace here a certain law-governed process which is not new for epidemiology.

People differ genetically and also by their predisposition to infections. Some are prone to it, others reveal immunity. Many of our contemporaries do not suffer from tuberculosis although in crowded big cities they inevitably run into TB bacilli. Acute tuberculosis that can kill a patient in two or three weeks has practically been done away with. Meanwhile, such a galloping form of TB prevailed among Red Indians and Negroes when Europeans first brought in this infection during the colonization of America and Africa.

There are many other well-known examples from the history of epidemics. During his travels to New Guinea N.N. Miklukho-Maklai pointed out that resistance to malaria was characteristic of aboriginals from this tropical areas. On the contrary, most newcomers from northern regions, coming to the tropics suffer cruelly from this disease. Their ancestors, natives of the planet's northern regions, were not subjected to such strict selection, and therefore they don't have natural immunity to malaria.

The existence of ethnic differences in predisposition to AIDS gives every reason to believe that this infection is not new to humanity as a biological species. The description of the disease's history shows that AIDS caused the death of Erazm Rotterdamsky, one of the great thinkers of the medieval period. The traces of the AIDS agent were discovered in the mummies of Egyptian pharaohs. Everything seems to indicate that as far as one can go in history, the population of Europe and Asia have experienced the disastrous force of this disease which was just as dangerous as any plague. The greatest chances to survive were given to the descendants of the people who, as a result of mutation, developed certain peculiarities of the molecular structure of cells, thanks to which their bodies became "unfit" for the habitation of AIDS viruses. It is safe to say that the majority of Eurasia's population today including Russia, is protected with such beneficial mutation.

On the contrary, the aboriginals of tropical Africa, separated from Indo-European populations by the impassable Sahara desert, were not affected by the epidemic and, therefore, could not be adapted to the

virus. The descendants of emigrants, brought from Africa, make a significant part of the population of North America. Many of them even do not suspect that they are the offsprings of the Africans from whom they have inherited great predisposition to diseases. Characteristic of most of the aboriginals from the Eurasian continent is the natural, genetically predetermined immunity to AIDS.

The problem of AIDS exists undoubtedly. Just like all other diseases, this infection must occupy a fitting place in corresponding scientific, medical and social programmes and the stress must be laid on revealing individual predisposition to AIDS. The urgent development of such methods, as well as medicines and equipment for their use, is really a task of paramount importance for medical science. But, in planning the expenses for research and preventive measures, we must not give preference to the AIDS campaign to the detriment of other trends of our puny public health system. The ratio of victims of AIDS and cancer in our country is one to 100,000. No comment is needed.

#### **HIV Virus 'Imported' From Poland to Belarus**

93WE0145J Moscow PATRIOT in Russian No 36,  
3 Sep 92 p 3

[Article by Yekaterina Vysotskaya: "Is Imported AIDS Better?"]

[Text] Growth of the number of AIDS-infected patients is observed in Belarus. Seventy-nine persons have been infected, five of them children. This is the figure made public by the Belarusian Republic Center for AIDS Prevention and Control. While in all of the last year there were 12 such patients, in as little as 7 months of this year 10 cases of infection have been registered.

The center's specialists report that growth of morbidity is associated chiefly with drug addiction. As we know, Belarus is the sole state of the CIS in which cases of HIV infection have been revealed in this category of representatives of the risk group.

In addition there apparently has been some "assistance" in this from Polish neighbors with whom Belarusians have established close commercial ties. Continual migration of Belarusian and Polish businessmen and simply of people who like to travel is creating the danger of territorial transfer of infection, since Poland has already officially registered 2,000 HIV-infected patients.

#### **Charity Leader Calls AIDS Statistics Understated**

93WE0053B Moscow MOSKOVSKAYA PRAVDA  
in Russian 9 Sep 92 p 1

[Article by G. Zaychenko: "'We and You' Against 'The Plague'"]

[Excerpts] Gennadiy Rashchupkin, a member of the board of the new "We and You" charitable organization established in support of the national anti-AIDS program, asserts that our official statistics do not provide a true picture of the number of HIV carriers: "Were we to multiply this figure by 50, then the picture would come closer to the truth."

The problems of HIV carriers must be dealt with not only by the healthy and the doctors but also by the carriers themselves, since this is a social disease. Hence the name "We and You"—patients and the healthy. By the way, Gennadiy himself was infected in 1988. In his words, the society now has a membership of around 800, of whom around 50 are active members and 15 are HIV carriers.

A person learns that he is infected with HIV. There are some who then opt for the noose, or poison themselves, or not knowing how to live any longer, fall into depression. [passage omitted].

The "We and You" society is in fact trying to deal with social adaptation of HIV carriers. Though of course, as with every other organization in our country, it does not have any serious scientific data or sociological research to work with. This makes the assistance given to the society's work by the carriers themselves, who know the situation from the inside, as they say, all the more valuable. Another objective is to provide help to patients in establishing themselves socially. In our country, which is especially harsh and implacable in relation to all things in comparison with the West, and which also lacks the necessary laws, patients and HIV carriers are driven out of their jobs, they are forced to abandon their apartments, and doctors refuse to treat them. The Russian AIDS Control Center often becomes the last asylum and shelter for these sick people. "We and You" also gives patients free legal advice, the necessity of which is often vitally important in the direct meaning of this word. By the way, the society gives almost no money to its wards, except in extreme situations—it itself is poor. For example, Gennadiy Rashchupkin receives a wage of R1,000 (the average wage in Moscow in August was R5,600 according to official statistics). It is felt here that it is much more important to teach the individual to earn his livelihood on his own, and thus at least alleviate some of the depression.

And now a few statistics. With no other sources of information at hand, let me turn to official data from the Russian Scientific-Methodological Center for AIDS Prevention and Control. Here are its data for 8 September of this year: In Russia, there are 576 infected citizens of the Russian Federation (270 children) and in Moscow there are 92 (4) HIV carriers. An AIDS diagnosis has been made in relation to 85 Russians, including five Muscovites. Fifty-seven Russians with AIDS have died, including 38 children. Of those that died, four were residents of Moscow.

### German Firm Sponsors AIDS Education Event

93WE0053A Moscow NEZAVISIMAYA GAZETA  
in Russian 2 Oct 92 p 6

[Article by Lidiya Ivchenko: "AIDS Benefit: Business People Are Still Holding Back"]

[Text] Although the World Health Organization's prediction prophesying thousands of infected individuals in Russia this year has luckily not come true, nonetheless 576 human immunodeficiency virus carriers have been registered in our country, including 85 with AIDS.

While the government is examining and coordinating on a national AIDS prevention and control program, public organizations that have dedicated themselves to this task have decided not to let the time slip away.

Thus, recently a benefit evening devoted to AIDS problems in our country was recently held in the concert hall of the Izmaylovo tourist complex. There were a variety show, motion pictures, speeches by medical authorities, distribution of special literature and the possibility of obtaining advice from medical sexologists. It was organized by the AIDS Control Association. And inasmuch as all of this was free to all who were invited (primarily youngsters), the benefit worked in the opposite direction: Instead of money being collected, money already collected was being used in part for good purpose. To be sure, an informed public and its competency in all aspects of the problem is one of the conditions of prevention.

The EKO STAL Joint-Stock Company (Germany)—the main sponsor of the AIDS Control Association and its honorary member—helped to pay for the 1,000-seat hall, the theatrical troupe and other expenses. In short, this company was the first to reply to an appeal to contribute to the work of the association by transferring around 750,000 rubles to its account. Of Russian millionaires—exchange, bank, joint venture and company executives, only four responded with donations despite an appeal from the capital's Mayor Yu. Luzhkov and the 500 letters sent to them. Nonetheless the association still hopes to get some help from our business people—after all, the money is needed not only for public health education and for measures that would prevent the onslaught of HIV, but also to provide concrete material support to the most needy and unprotected group of Russian citizens—HIV carriers and patients with the terrible diseases.

### AIDS Statistics

OW0810130892B Moscow INTERFAX in English  
1101 GMT 8 Oct 92

[Following item transmitted via KYODO]

[Excerpt] [Pasaage omitted] By May 1, 1992 Russia had registered 558 AIDS-carriers, 81 of them diagnosed patients. Fifty-one persons died of the fatal disease—31 percent of the sick are children.

### Interview With New Head of Ukrainian AIDS Committee

93WE0145L Kiev GOLOS UKRAINY in Russian  
31 Oct 92 p 13

[Interview with Academician Gennadiy Matsuka by Marina Dyatlova, reviewer in public health issues: "AIDS: For a Long While We Retreated Silently"]

[Text] Serve your cause to the degree to which it serves you: That's long been the rule in our circles of leadership. Consequently when in the spring of last year Deputy Valeriy Ivasyuk of the Supreme Soviet described the inactivity of structures called upon to deal with AIDS problems on the pages of GOLOS UKRAINY (No 57, 28 March), the public at large did not perceive this as anything out of the ordinary. The only thing that raised eyebrows was a report that the Republic AIDS Control Center, headed by Infectious Diseases Institute director A. Frolov, organized a system for pumping state assets into the pockets of private individuals under the patronage of the Ministry of Health. This is despite the fact that Deputy Minister V. Maryevskiy assured us that the center "created a substantial network of laboratories, virologists were undergoing state-of-the-art personnel training, and production of promising diagnostic test systems had been organized at a small enterprise...." V. Ivasyuk argued that the center's above-mentioned activities were an absolute fiction. The truth was that the money—the R65 million allocated by the Government for the first half of 1992 specifically for AIDS control, "was being used by the Ministry of Health and the Center to establish an influential protege in higher scientific circles." A graphical example of this was the financing of production of those test systems. Speaking at a plenary meeting of the Ukrainian Supreme Soviet on 31 October of last year, the public health minister assured the parliament that the matter of AIDS diagnosis could be considered to be resolved, owing to the fact that a high quality AIDS diagnosticum had been produced: "A small enterprise has been established under the Institute of Infectious Diseases. A million doses will be manufactured by as early as the end of this year, and before the end of the next, around 6 million...." Analysis of documents pertaining to the activities of the enterprise Diaprof to which Spizhenko referred allowed Ivasyuk to pronounce the ministry's assertion as untrue: Diaprof is the wholesale distributing base of Moscow's Ded Mazay concern, and the only relationship it has to production of the test systems is that it sticks the labels on the packages. As far as the enterprise's scientific activity is concerned, in Ivasyuk's words it boiled down to studying questions such as "the toxic influence of materials used to make 'Esmarch irrigators'"—that is, enema administering devices that the whole world has been using for almost a century—upon the human body. If we consider that Center chairman Frolov was one of the co-founders of Diaprof and the ministry leadership gave permission to finance his scientific activity, certain questions and suppositions naturally arise.

Ivasyuk's line of reasoning seemed to raise no doubts, because it was based on documents; however, his opponents had a few things to say as well, and when they were finished talking, within the context of the situation "Esmarch's irrigators" were not all that simple a problem either. But in the eyes of the man in the street, the conflict assumed the form of an ordinary fight concerning the chair of the Chairman of the National AIDS Control Committee, which was just being formed at that time. Only a small circle of specialists dealing with the problems of AIDS realized that this chair could not be handed over to a representative from corrupted circles, because the fate of the country was at stake. So it was said that in selecting the chairman of the committee, the president was selecting the fate of Ukraine.

Then it finally became known: The national committee was to be headed by Academician Gennadiy Matsuka. And you can understand the sort of feelings I was experiencing as I made my way to his office for an interview.

**Dyatlova:** Gennadiy Kharlampiyevich, the question I would like to ask you is perhaps not a very tactful one in light of the events that preceded your appointment to the position of Chairman of the National AIDS Control Committee: How did the chair become yours, one that had been fought over not only by patriots but also by people hungering for power and money? After all, you already have enough worries as it is, as the head of the Academy of Sciences Institute of Molecular Biology and Genetics.

**Matsuka:** As for the events that preceded my appointment, I didn't care anything about them. I know a little from private conversations, but officially—nothing. And I don't want to know. There is so much work ahead! And it is work that must be done.

As for how I got the chair, it was to a certain extent an accident. When they were looking for candidates for the position, they queried various departments having a relationship to AIDS problems. Our institute is doing extensive work in this area, and it submitted my name as a candidate as an alternate to the nominations of Sergey Komissarenko and Valeriy Smirnov. I perceived this to be just a necessary formality. But when they telephoned me and said that I had been chosen, I became frightened: "No way!" But in the end, I gave my consent. And now I am not interested in any of the intrigues. There are things that have to be done.

**Dyatlova:** What is the AIDS situation in Ukraine today?

**Matsuka:** As of 1 October there were 289 infected individuals, including 109 Ukrainian inhabitants, the rest being foreigners. There were 12 persons with AIDS, five of them children. Five of the adults and four of the children have died. In comparison with last year the number of infected individuals doubled. Geographically speaking, we have 43 infected individuals in Odessa, 19 in Kiev, 10 in Donetsk, and 5 each in Dnepropetrovsk, Kharkov and Zaporozhye. Vinnitsa, Volyn, Ternopol

and Khmelnytskyi oblasts are officially clean. But this doesn't mean that they are clean in fact. Theoretically, a zero should be added to all of the figures I cited.

**Dyatlova:** In what directions does the committee intend to act?

**Matsuka:** In the diagnostic direction first of all. Since 1987 around 24 million persons have been tested, but we found ourselves to be dependent upon Russia. The fact is that there are simple diagnosticums used for screening, and there are precise test systems used to confirm or reject data indicating presence of the virus in a given person. These precise test systems were manufactured in Moscow. But now this is no longer advantageous to Moscow because the ingredients have to be purchased abroad, and we do not pay hard currency. Ukraine is in a dead end. Together with the Ministry of Health we will resolve the matter of what company we should contract to organize production of diagnosticums in Ukraine. There are several aspects to this problem—scientific, financial.... Finally, while all firms are interested in having a permanent market in which to sell their products, we want to organize a production operation that will make it possible with time to do away with our dependent status. For now, the proposals of the firms will be examined this week by the committee's board, and then an expert council will analyze them, and we will begin work!

The second direction is preventive. We have had some success here. The Ministry of Health organized production of condoms. Were we to satisfy the need for this product, the threat of fast spread of AIDS could be significantly decreased. But analysis of information on the means of infection of today's patients indicates that 67 of them were infected by the sexual pathway, while the rest were infected during various medical procedures, as well as through a mother. As we can see, AIDS prevention is comprised of a broad spectrum of problems. That's if we base ourselves just on the commonly accepted views on the pathways of the virus's spread. But if we take into account the new hypotheses.... In the meantime there isn't enough money even to conduct educational work—for example to publish a journal and to make regular television broadcasts. We are planning a gala concert on television in the immediate future, during which we will try to shed some light on the AIDS problem. But people being the way they are, if you want to put something into their minds, you have to keep repeating it over and over again.

Treatment is the next direction. Here, I believe, the Ministry of Health is acting within the bounds of today's possibilities.

With diagnosis, prevention and treatment, AIDS could be controlled. But we also have Chernobyl to think about. And this means that we have no idea which variant of the virus is operating in our territory. We are seeking variants known throughout the world, but it may be that ours is an unknown one. The AIDS virus mutates



a million times faster than any DNA-containing virus. Consequently we cannot develop a vaccine. You make a vaccine against one variant, but before you know it, it is something entirely different. But HIV does have a tiny constant particle that does not change. This raises hopes. And scientists are trying to "snag" this particle.

**Dyatlova:** Are you satisfied with the legal base upon which the committee will have to rest? There have been so many debates around the law, and it isn't to the liking of all specialists.

**Matsuka:** What I like about our law is that it doesn't allow a double interpretation. That not all aspects of the problem are accounted for is another matter. For example the question of persons serving prison sentences isn't answered by it. Understandably, infected individuals should be isolated. But how? Where? The same with addicts. And even the same with normal people who are rejected by their relatives because of the fear of contact. Somewhere in Kiev there are five young people wandering around after leaving the hospital for nowhere in particular, because everyone has rejected them. One young girl was found when she picked up a different infection—by this time she had already had a hundred contacts.

Such "inconsistencies" between the law and life are abundant. And we have to deal with all of them. This is why the committee includes representatives of different departments involved in the solution of AIDS problems.

**Dyatlova:** This brings us to relations with administrative departments. The national committee is under the president of the Ukraine, and its responsibilities include state administration of the AIDS control program. But our administrative departments also have their own ambitions. Is there a means of influencing them?

**Matsuka:** I sense a certain amount of apprehension on their part. But I would like these departments to understand that we have no intention of interfering in their "personal life," or taking their place; we don't have enough physical strength as it is. We need to try to work together to untie the knots that life ties for us. Consider at least the example of the test systems. Everyone is now involved in this issue. The minister said, take the money, only tell me which test system you really need. This is one question we will try to resolve.

**Dyatlova:** You said that you lack physical strength. The president's edict states that the committee will have up to 90 members on its staff and over 4 million with which to fund its maintenance.

**Matsuka:** Later on it was said that we would get 12 persons, but we compromised on 30. And the question of the millions is in limbo.

**Dyatlova:** But the edict spells it out.... Does this mean that even in establishing such an important body after so many serious debates, everything still wasn't thought out completely?

**Matsuka:** [no comment]

**Dyatlova:** How are you going to get things done? You have so many subdivisions—scientific, medical, social problems, international....

**Matsuka:** Everything will be ironed out in time.

**Dyatlova:** But so much time has already been wasted that there can be no absolution.

**Matsuka:** Unfortunately this is the way things are with us. Were we Germans, we would have proceeded differently. But we are what we are. And our life is the way it is. However, we will be optimistic. Come visit our board, which is engaged in objective discussion.

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Thanking him, I promised to visit the board. And I did. But it is with regret that I must report that the anticipated objective discussion on the status of examining the population for AIDS never materialized. (Also, I'm sad to say that I have doubts about the figure cited by Gennadiy Kharlampiyevich, that supposedly 24 million persons have been tested. If one out of every two Ukrainians had undergone such testing, it would be the topic of conversation on every street corner). Nor were the members of the board ready to discuss the proposals of firms producing test systems. It became obvious that it will still be some time before the National Committee becomes a full-fledged warrior. In the meantime AIDS is advancing along the entire front.

### AIDS Explosion Predicted

93WE0147C Moscow NEZAVISIMAYA GAZETA  
in Russian 5 Nov 92 p 6

[Article by Andrey Bayduzhiy: "Russian AIDS Has a Child's Face: Everything Is Ready in the Country for the Start of the Epidemic"]

[Text] On the occasion of the fifth World AIDS Day, which was observed this week, Moscow theaters and palaces of culture conducted money-raising evenings benefitting HIV carriers, several broadcasts on this subject were prepared on television, and the capital's homosexuals conducted another demonstration protesting discrimination against sexual minorities.

In the opinion of specialists Russia is now possibly at the threshold of a major explosion of AIDS morbidity. They believe that the situation that recently evolved in India, Thailand, Cambodia, the Philippines and other countries of South and Southeast Asia could become a lesson for the country. AIDS came to these countries rather late, but in terms of scale and the swiftness of its spread, it quickly assumed the proportions of a national disaster. Some experts feel that Russia owes its relative epidemiological well-being to a far-reaching system of medical examination of the population. Although it is expensive and not irreproachable from the standpoint of human rights, it is well organized. Just in 1991 25 million

persons were examined in Russia—more than in all European countries put together. In March 1987, when the first AIDS case was revealed on USSR territory, it was supposed that there would be around 3,000 infected individuals in Russia by 1991. In fact, however, their number turned out to be much lower. In late October of this year there were 591 infected individuals in the 47 republics, krais and oblasts of the Russian Federation. Of them, 91 had AIDS. Another 71 persons have already died as a result of illness. By the way, not all scientists feel that the pessimistic predictions for Russia have not proven true. In the opinion of Vadim Pokrovskiy, director of the Russian Scientific Methodological Center for AIDS Prevention and Control, the real figure for HIV carriers is several times greater than the official data—tens of thousands of persons.

As we know, the sexual pathway is the principal means of AIDS transmission today. Physicians unanimously believe that the rate of spread of AIDS will increase significantly in the immediate future due to open and totally uncontrolled growth of prostitution. Moreover while in the past the risk group consisted chiefly of high-grade prostitutes who serviced foreigners, today they have been decisively supplanted by mid-grade prostitutes who often forget about the existence of condoms: The risk of being infected by them is much greater. This year, incidence of AIDS among drug addicts was registered for the first time in Russia. This will also make its contribution to hastening the infection's spread.

Since 1987, 392 foreigners infected with the virus, dominated by citizens of African states, were deported from Russia. However, it was impossible to track down everyone, and now American and African AIDS strains are circulating over the republic's territory. The Russian Ministry of Health intends to continue the practice of deporting carriers, but physicians feel that the moment has been lost. Even if the borders were to be shut tight, it would be impossible to halt growth of the incidence of AIDS, since the number of infected individuals inside the country is already fully sufficient to begin an epidemic even without importing it from abroad.

Owing to a rigorous system of testing all donors for AIDS, spread of the disease through blood transfusions has been halted: The last such case was registered in 1987. Infections transmitted within hospitals have not been noted for several years. But it is still too early to say that all is well with public health. Disposable syringes are again becoming an acute problem. While in former times their shortage was elicited by insufficient production, now the medical warehouses are literally stuffed with syringes, but the therapeutic institutions, which are being financed to only 47 percent of their need, are unable to buy them due to a shortage of money.

An entire block of problems is also associated with providing public health with test systems necessary for AIDS diagnosis. The kinds developed in our country are in no way inferior to foreign analogues, and they are often superior to them. However, all of their merits are

lost in the production stage. Not one of the six Russian plants producing test systems has production conditions satisfying universally accepted international standards. Matters are even worse with storage and transportation: Due to the absence of special containers, highly perishable biological preparations lose considerably in quality en route to their destination.

All of this has resulted in a situation where following the peak of the virus's spread in 1989-1990, when the number of infected individuals increased by several times as a result of mass infections in hospitals, followed by a certain decrease in the number of infections last year, in recent times their growth has resumed. In 10 months of 1992 as many as 83 infected individuals were revealed, as compared to 66 cases in all of last year.

We can say with certainty today that AIDS in Russia has a child's face—due to the woefully notorious outbreaks of infections in Elista, Volgograd and Rostov, where over half of all infected individuals are children. The overwhelming majority of them have not reached their sixth birthday. Doctors in Moscow and St. Petersburg hospitals that care for most of the infected individuals do not conceal their anger: The society, which first displayed interest in the fate of the infected children, very quickly forgot their existence. A large proportion of AIDS patients in the pediatric department of the hospital on Sokolinaya Hill in Moscow got there as refugees—a fact as terrible as it is absolutely true. Infected children are run out of their schools and nurseries, while their parents are fired from their jobs, deprived of their housing and forced to move to another city. Medical personnel are powerless to do anything. It may be that the problem will be alleviated by adoption of the law "On Prevention of AIDS." The draft, which foresees liability for discriminating against individuals infected with AIDS, has been submitted to the Supreme Soviet. But it could hardly change the situation fundamentally.

Besides the moral problems, financial and material ones are of increasing importance in the fight against AIDS. Because of insufficient financing, the rather widespread network of AIDS prevention institutions, including 68 territorial centers, over 700 laboratories and 130 anonymous testing offices, is under the constant threat of reduction. Scientific research on AIDS treatment has for practical purposes been frozen. The situation is also aggravated by the fact that even physicians themselves are not unanimous on how dangerous they think AIDS might be to Russia. Public Health Minister Andrey Vorobyev publicly declared several times that the AIDS threat is often exaggerated both by the mass media and by specialists themselves. In the opinion of Mr. Vorobyev, Russian public health, which is being forced to economize in everything today, must concentrate its attention on fighting the more widespread diseases. However, many medical workers feel that the minister himself is quite well aware of the entire danger of the situation. But being responsible for the state of medicine in general, he deliberately belittles the acuity of the problem, so as not to inflame passions.



In any case the sources of disagreement lie more in the financial than in the medical area. Adoption of a national state AIDS control program financed as a separate budget item could resolve the disagreements. Such a program was developed and approved in July 1991 by the Union government, but following the USSR's disappearance its fulfillment was suspended. The new Russian program "Anti-AIDS," which is intended for a four-year period, will be examined in the near future by the Presidium of the Supreme Soviet. However, many specialists already have doubts that even if it is adopted, it would be difficult to implement in its entirety. Just in 1993, R25 billion will be required to fulfill all of the measures foreseen by the program, and it is hardly realistic to count on obtaining such assets in the present economic situation.

#### AIDS Statistics for Russia, Belarus

93WE0149A Moscow *LESNAYA GAZETA* in Russian  
14 Nov 92 p 3

[Article: "AIDS Doesn't Sleep"]

[Text] How many people with AIDS are there in Russia? This week a press conference was held in the Moscow International Center for Public Health Improvement on the occasion of the arrival of American AIDS specialists at the capital. They will conduct a cycle of educational seminars on different aspects of preventing and controlling HIV infection and AIDS. It was noted in particular at the press conference that Russia is now one of the few countries of the world in which AIDS prevention can still produce a large impact, since the number of patients in Russia—558 persons—is significantly lower than in other countries.

Still, an ITAR-TASS correspondent from the close frontier had this to say on the same topic:

As of 1 November there were 87 carriers of the AIDS virus in Belarus, including six children. Three persons have died.

Of the total number of AIDS-infected patients, most of them—68 percent—are in Minsk. The fewest are in the border zone of Brest Oblast—3.5 percent. Not a single carrier was discovered in Grodno Oblast. Five drug addicts were revealed in Belarus among AIDS-infected patients as of today.

There are twice as many men as women in the total number of patients and HIV carriers in the republic. One case is anonymous. Seven hundred eighty-nine persons were placed on record as being suspected of having AIDS.

#### Arriving Foreigners Must Produce AIDS Certificate

0W2711225492 Moscow *INTERFAX* in English  
1908 GMT 27 Nov 92

TEXT The head of the Tashkent administration Atkham Fazyzbekov signed a resolution saying that every foreigner entering Uzbekistan should show to customs officers a certificate that he/she has passed an HIV test. If he/she does not have this certificate, the test would be made right at the airport at his/her expense.

In order to leave for abroad Tashkent residents should present a certificate that they have been registered in the city center on prophylaxis and treatment of AIDS with the purpose of their examination upon return. In case they refuse to present it, they can be forced to do that.

So far, 31 AIDS virus carriers have been registered in Uzbekistan. Of them 22 are foreigners deported abroad. Apart from Tashkent, cases of AIDS were registered in Bukhara and Fergana

#### World AIDS Day Activity in Belarus

93WE01471 Moscow *KOMSOMOLSKAYA PRAVDA*  
in Russian 1 Dec 92 p 1

[Article by correspondent O. Yegorova: "Belarus: One Physician for Every Oblast"]

[Text] Medical personnel and patrons of culture and the arts are conducting a fund-raiser in Minsk dedicated to the fight against AIDS. The goal of the fund-raiser is to attract attention to a "dangerous" topic, to finally make people realize that the problems of HIV infection are not only medical but also social, ethical and even ecological. This is especially important to Belarus, if we consider that the immune system of a quarter of the republic's population has been weakened by the Chernobyl catastrophe.

Only 30 persons are involved in AIDS prevention in Minsk, including orderlies and janitors. The number is even smaller in other oblasts. And when it comes to Vitebsk Oblast (this is even impossible to believe!), just a single doctor is fighting AIDS!

In the meantime 87 persons are infected in Belarus, including six children. Thirteen persons are ill, and three have died.

How are these people to live? How are they to be treated? Not only highly scarce medicine but even the reagents by means of which a diagnosis is established are in short supply.

**Pokrovskiy on Status of AIDS Prevention Measures**

93WE0147J Moscow KOMSOMOLSKAYA PRAVDA  
in Russian 1 Dec 92 p 1

[Article by O. Volkov: "Russia: It Could Be Even Worse"]

[Text] The country's leading AIDS specialists unanimously declared yesterday at a press conference at the State Committee for Public Health and Epidemiological Inspection that the gloomy forecasts have not come true, and we have been able to stop the spread of the disease.

The first case of infection by a human immunodeficiency virus in the USSR occurred in 1987. Since that time 591 Russian citizens have become HIV carriers, including over 90 patients with AIDS. Moreover as Vadim Pokrovskiy, director of the Scientific-Methodological Center for AIDS Control, notes, these figures are clearly understated: Around 40 million Russians have been tested for HIV as of today—that is, less than a third of the country's population. According to Pokrovskiy's estimates there are at least several thousand virus carriers in the country, and by the year 2000 their number will approach the 100,000 mark.

For the moment, however, preventive measures in the fight against AIDS are only given a grade of "satisfactory." One republic, six regional and 68 territorial centers, over 700 diagnostic laboratories and 130 anonymous AIDS testing offices have been established since 1987. However, despite the numerous high-level decrees (from the CPSU Central Committee to the present Cabinet of Ministers), a number of important problems still remain unsolved—primarily those of disposable instruments, and preparations for revealing the virus. Work in the area of creating medicines for AIDS patients also leaves something to be desired. In short, the problems remain acute, and their solution requires large capital investments. Thus, R25 billion will be needed just in 1993 to implement the state "Anti-AIDS" program. This is in the prices of late 1992.

**Frolov: AIDS Program Not Yet Enacted**

93WE0147H Moscow NEZAVISIMAYA GAZETA  
in Russian 1 Dec 92 p 1

[Article by Dmitriy Frolov: "AIDS in Russia is 5 Years Old: A National Program for Fighting This Disease Is Still Nonexistent"]

[Text] Russia observes this year's World AIDS Day today, 1 December, with relatively low indicators, thank God: Since registration began in 1987, 591 persons were infected in our country, to include 91 who are presently ill and 71 who died. By the way, these are the official statistics. Estimates by independent experts look far more threatening—in their opinion there may be 30,000-33,000 infected individuals today.

One way or another, AIDS is not yet being perceived in Russia as a serious national problem. From all appearances this is explained by the fact that a national program has still not been adopted, even though a draft was submitted back in spring. This troubles Vadim Pokrovskiy, the director of the Russian AIDS Prevention and Control Center. He feels that absence of a program and of a national committee aggravates the existing disorganization. Today the AIDS problem is being dealt with by the State Committee for Public Health and Epidemiological Inspection, the Ministry of Health, the Academy of Medical Sciences and countless numbers of state and private enterprises. By the way, the latter often capitalize on this painful topic exclusively for advertising and lobbying purposes. This pertains especially to organizations of the military-industrial complex, which are desperately fighting for financing. Vadim Pokrovskiy feels that a person of rank not less than vice president or at least vice premier must be the official coordinator of a national program.

In contrast to us, the AIDS problem is perceived in the West as, besides everything else, a geopolitical one. The occurrence of this disease in Africa requires a different approach to evaluating the strategic prospects of this region, and correspondingly the disposition of forces in the world. It may be that this is valid in relation to Russia as well.

Obviously research in the area of medicines and vaccines against HIV infection is one of the priority directions of scientific and technical espionage. Nonetheless, according to estimates of specialists we could hardly obtain an effective agent before the end of the millennium.

Such that for the time being, the sole means of fighting AIDS is prevention, in relation to which things continue to be poor in Russia. This is the only European country that is not conducting a systematic publicity program in the press. This pertains not only to explaining the means by which the infection is spread but also to the principles of the attitude toward infected individuals and patients. They continue to be victims of human rights violations, of disrespect on the part of fellow citizens, and of the self-interest of numerous healers.

**Health Ministry Official Reports First AIDS Victim**

LD0112180392 Tallinn Radio Tallinn Network  
in Estonian 0700 GMT 1 Dec 92

[Excerpts]

**Announcer:** We have reason to talk about AIDS today. Today is the international day for fighting AIDS. Jaan Martin, adviser at the Health Ministry: Why is this day being celebrated?

**Martin:** [Passage omitted: Background on AIDS] Currently we have 26 HIV virus carriers living in the republic [words indistinct] and we also have our first

victim of AIDS. Thank God, this happened 10 years later than in other countries, but it has indeed reached us and this is a very serious fact. All HIV virus carriers in Estonia have been infected through sexual intercourse only. [passage omitted] Once the HIV virus has been found in a person it does not mean that the person is ostracized. Definitely not. The person can live to the full and work like all the other people, except for one restriction: He must not enter into a sexual relationship with people who are not carriers of the virus. [end recording]

### **St. Petersburg Hospitals Report Measures To Contain AIDS**

LD0112134392 *ITAR-TASS in English 1238 GMT 1 Dec 92*

[Article by ITAR-TASS correspondent Nikolay Krupenik]

[Text] St. Petersburg December 1 TASS—There is virtually no chance to be infected with AIDS at St. Petersburg hospitals, polyclinics and other medical establishments, Andrey Kozlov, director of the Bryuss-Rappoport Biomedical Centre, told ITAR-TASS on the eve of the 1992 World AIDS Day. According to Kozlov, all donor blood deliveries are under strict control, and donors are also regularly checked up. There are all conditions for guaranteed treatment of syringes as well as the required quantity of disposable instruments. Experts from the World Health Organisation believe that the city has relatively low figures of AIDS incidence. Medics detected 55 HIV virus carriers, 46 of the total are St. Petersburg residents. Four people died of AIDS, and six are patients. However, these statistics do not reflect the real state of affairs, as medics believe. The same thing

was with Americans who rested assured with low AIDS incidence rates ten years ago and did not want to see the danger. Therefore, U.S. medics who visited St. Petersburg, called on their Russian counterparts to take into account their negative experience and do not repeat their mistakes.

### **Anti-AIDS Day in St. Petersburg**

93WE0147G *Moscow NEZAVISIMAYA GAZETA in Russian 2 Dec 92 p 6*

[Article: "AIDS Day"]

[Text] AIDS Day is being observed today in St. Petersburg. Viktor Borisenko, chairman of the Extraordinary AIDS Control Commission, reported that there are 55 persons infected with HIV in the city at the present time. The AIDS Day program includes a round table devoted to the problems of preventing and treating the disease, discussions with youngsters and military servicemen, and other measures.

### **AIDS Spreading in Chernivtsi**

AU1401215093 *Kiev HOLOS UKRAYINY in Ukrainian 13 Jan 93 p 4*

[Report by Vasyl Babukh from Chernivtsi: "God's Punishment"]

[Text] Last year, two carriers of AIDS were first recorded in Chernivtsi. They were visiting drug addicts. At the beginning of the new year, the sad record was continued—the physicians have revealed yet another carrier of AIDS, this time a local citizen. The sufferer has been isolated. Searches for persons who were in contact with him are under way. If they are not found, the statistics may become even more distressing.

## FINLAND

### Physician Views AIDS Situation

93WE0156A Helsinki HUFVUDSTADSBLADET  
in Swedish 1 Dec 92 p 5

[Article by Mardy Strom: "Increasing Numbers Become HIV Infected Through Heterosexual Partners"]

[Text] Some 75 percent of all adults infected with HIV in 1992 were infected by a heterosexual partner.

This is one of the things about AIDS that the World Health Organization (WHO) hopes will gain general recognition today—World AIDS Day.

When medical specialist Jukka Suni, of Aurora hospital, spoke yesterday about the situation in Finland at the public health seminar, "AIDS—We Are All Responsible," he indicated that this was a tendency which is beginning to be seen in Finland as well.

It takes on average six weeks for a person exposed to HIV to become HIV-positive; after that, it takes up to 15 years before AIDS appears.

Suni said a significant factor in how quickly the disease develops is how the disease was acquired. If you receive half a kilo of infected blood through a blood transfusion, it can go quickly. If you are a needle user or a homosexual, it will take five to 10 years before you will be diagnosed with AIDS. On the other hand, it can take up to 10 to 15 years for the disease to take the same course in a person who has had a single heterosexual contact.

It should be pointed out that all blood used in Finland has for many years been HIV tested.

### Clear New Trend

The source of infection for 80 percent of AIDS patients is homosexual contact. Only 13 percent are infected by a heterosexual, according to Suni, who discussed the sources of infection in Helsinki yesterday.

But these statistics give an outdated picture of the situation. If one takes a look at the statistics for HIV-positives, which better reflect the current situation, it appears as though the size of the heterosexual group is about to assume totally new proportions.

Of all HIV-positive individuals, 53 percent gave the source of infection as homosexual, while 28 percent said the infection was the result of a heterosexual contact.

"AIDS infection resulting from needle-sharing is rising a little in Finland, but not to the same extent as in central Europe. The number infected by contaminated blood is tending to drop because all blood is tested. There will not be any new cases," Suni said.

"The greatest change in our laboratory is due to the share of heterosexually infected," said Suni. "This group consists of two-thirds men and one-third women."

Women are infected almost exclusively through heterosexual contact.

### More Types Vaccine

Today there are at least seven different strains of the HIV virus in the world and Suni thinks it may be necessary to develop different types of vaccine to combat each of them.

He expects that a preventive type of vaccine will be in general use around the turn of the century.

It is well-known that efforts to manufacture various vaccines is already in progress.

### Curative Vaccine Next Year?

"A curative vaccine administered to HIV-infected individuals has been tested in the United States and certain countries in Europe and has functioned very well. But it is necessary that the immune defenses of the patient be still operating," he said.

The results have been relatively good. This type of vaccine does not cure the disease, rather lengthens life by one or two years and is regarded as improving the quality of life. The goal in the United States is to go further along these lines.

"We hope to begin using this vaccine in Finland next year," said Suni.

The thought is to do a joint Nordic evaluation, to begin a type of experimental program on a broad scale.

At the same time, a developmental program to manufacture a preventive vaccine is in progress. This work consists of two parts, the first which involves animal experiments and a second which consists of testing on various experimental populations of humans.

HIV, which stands for human immunodeficiency virus, a virus that causes a lack of immunity in humans, cannot be tested on just any animal. Only the chimpanzee and the gibbon can become infected and they do not develop a strong HIV illness, so that it is not certain that experimentation with animals can indicate whether a vaccine is really able to prevent AIDS, Suni said.

Development of the preventive vaccine is in the second phase, human testing. It has been possible to test how a vaccine functions and see how a human body develops antibodies. More has been learned about the vaccine's immunological characteristics, and the question of dosage, quantity, and vaccination timetables has begun to be discussed. Today it is known that booster doses must be frequently administered, as much as two times a year.

The third and final phase of the test involves at least 15,000 to 30,000 test subjects and will take place in various parts of the world. WHO has recommended that the test be carried out in Uganda, Ruanda, Brazil, and



Thailand, but these countries have yet to indicate whether they will participate in the field study.

Here one runs up against a large ethical problem. Is it proper to involve unaware people in a large research project and hope that they will regain their former lives, when new information and new habits could help them to avoid the risks all together?

The preventive vaccine currently being manufactured builds on one of a number of potential approaches to development.

The major factor is a so-called recombinant, which is a protein piece of the virus genome. The one currently being used goes under the name gp160, Suni explained.

For us, the debate goes further to consider whether HIV should be classified as a dangerous disease such as tuberculosis, syphilis, and polio, or as a disease subject to compulsory registration, such as AIDS is today.

Riksdag member Margareta Pietikainen said yesterday that the impression given from motions, proposals, and questions in the Riksdag is that there is a disposition to change the law if the need can be demonstrated.

Pietekainen has herself written a motion to the effect that AIDS should be classed as a dangerous disease, which would make it possible for doctors to order testing in suspected cases. This is also the case in Sweden.

"But, more than anything, discussion along broad lines is needed on these issues," she said.

## FRANCE

### Party Leaders Support Former Ministers in Blood Scandal

AU1511194692 Paris AFP in English 1843 GMT  
15 Nov 92

[Text] Paris, Nov 15 (AFP)—Leaders of the French Socialist Party on Sunday [15 November] declared their support for three of the party's former ministers under fire because they were in office when people were given HIV-contaminated blood transfusions.

The party's executive committee voted unanimously to express its "solidarity" and its "support" for First Party Secretary and former Prime Minister Laurent Fabius, and for former Social Affairs Minister Georgina Dufoix and former Health Secretary Edmond Herve.

The three have been summoned in a Senate motion prompted by the contaminated blood scandal to appear before the High Court, which could consider their responsibility for the negligent infection of patients such as haemophiliacs with the AIDS-causing virus.

The ruling party leaders' resolution referred to the need of party MPs to ensure there is truth and justice and

urged that they act to ensure the "scrupulous respect of the presumption of innocence" of accused persons.

## SPAIN

### Highest Number of HIV Newborns in Europe

93WE0157A Madrid DIARIO 16 in Spanish 2 Dec 92  
p 15

[Unattributed article: "Spain: European Country With Most Newborns Infected by AIDS Virus"]

[Text] Spain is the European country showing the largest number of seropositive newborns. This (alarming) information was provided yesterday by the Spanish Pediatrics Association, coinciding with the observance of World AIDS Day.

It notes that, in our country, the principal means of transmission among adults is still drug addiction. This, combined with a considerable increase in heterosexual transmission, has caused the number of mothers carrying the disease and, consequently, the number of children infected, to continue rising above the anticipated figures.

The Union of Consumers and Clients, for its part, has demanded that the administration enact emergency plans aimed at preventing the social rejection of AIDS-carrying children in schools.

Yesterday, Health Minister Jose Antonio Grinan issued an appeal for solidarity toward AIDS victims. He claimed that one of the greatest obstacles to the prevention of the disease has been its association with particular risk groups, because the others not in those groups "let down their guard and are more vulnerable."

Grinan admitted that the number of cases in our country has risen appreciably, but stressed that the cases appearing now "are due to behavior dating back eight or 10 years. Hence, it is not exactly true that a greater incidence of AIDS is present now, but rather that more cases are being reported."

Of the 15,678 AIDS victims recorded in Spain since 1981, 7.2 percent contracted the disease through heterosexual contact, according to the latest data furnished by the WHO adviser, Rafael Najera. The health experts warn against the spread of the disease through this contact which, six months ago, was believed to have caused only 5 percent of the infections.

The red bows symbolizing rejection for the exclusion of those infected with the AIDS virus were especially abundant yesterday. Moreover, in Madrid a human chain was formed, in pairs, carrying the sculptor, Pepe Espaliu, from the Congress of Deputies to the Queen Sophia Museum. Espaliu, an AIDS victim, was presented as a live statue, in a symbolic act called "carrying" [preceding word in English], meaning "to transport."

[Box, p 15]

#### **The Suspicious Slowness of Spanish Justice**

**Barcelona—**The slowness of Spanish justice is exemplified in the settlement of complaints filed by persons who contracted the HIV virus through blood transfusions. According to the president of the Association for Consumer Health Integration (AISU), Matilde Ocejja, the

complaints brought by them have been "deliberately" stalled.

In Barcelona, the most obvious example of judicial delay is that of Apolonia Pasamontes Rubio, who died in August of last year. She had brought a criminal suit against the Valle de Hebron health residence in the Catalanian capital, based on the contaminated blood transfusion that she had received in May 1986.



**France Donates AIDS Contaminated Blood to Tunisia**

93WE0150A Moscow *RABOCHAYA TRIBUNA*  
in Russian 20 Nov 92 p 1

[Article: "French Health Ministry Gives No Warning"]

[Text] An investigation into delivery of 50 containers of donated blood infected with AIDS virus from France has been concluded in Tunisia. Tunisian Public Health Minister Hedi Milhenni reported that the blood had been transfused to 12 patients. Six persons were infected by AIDS, and three of them died.

The investigation showed that the infected blood was sold in November 1985 by France's Merye [transliteration] Institute and intended for hemophilia patients.

Hedi Milhenni strongly criticized the French Ministry of Health and Humanitarian Action. In his words, the containers of blood were exported to Tunisia, as well as to a number of other Arabian and European countries, several months after the ministry already had information in its possession that the blood was contaminated, and prohibited its use in France.

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